



Department of Purchasing
Donald R. Riley, CPPB, Procurement Specialist

REQUEST FOR QUOTE NUMBER:		18RFQ040918-DRR
WILL BE RECEIVED UNTIL	APRIL 24, 2018	3:00 p.m. EST
DESCRIPTION: City of Stockbridge – City Newsletter		
Return to: Donald R. Riley, CPPB, Purchasing Specialist City of Stockbridge – Purchasing Department 4640 N. Henry Boulevard Stockbridge, Georgia 30281		
ANY QUESTIONS REGARDING PURCHASING PROCEDURES OR THE SPECIFICATIONS SHOULD BE ADDRESSED <u>ONLY</u> TO THE PURCHASING SPECIALIST LISTED BELOW. QUOTEDERS MAY NOT HAVE CONTACT WITH CITY OFFICERS, ELECTED OFFICIALS OR CITY EMPLOYEES REGARDING THIS QUOTE PRIOR TO AWARD OF PURCHASE ORDER. VIOLATION OF THIS INSTRUCTION WILL RESULT IN YOUR QUOTE BEING FOUND NON-RESPONSIVE. LAST DAY FOR QUESTIONS April 17, 2018 @ 3:00 P.M. EST.		
CONTACT NAME: Donald R. Riley, CPPB	E-Mail Address : DRiley@CityofStockbridge-ga.gov	Telephone Number: (770) 389-7912 (fax only)
All information requested on this sheet must be completed. The signature block and related information on each quote sheet must also be completed. Unless specifications indicate “NO SUBSTITUTE”, items determined by City of Stockbridge to be “EQUAL OR BETTER” will be given full consideration. All prices QUOTED must be “FOB DELIVERED” unless otherwise requested, and must be submitted in the format requested. The City reserves the right to cancel the solicitation and to reject any or all quotes in whole or in part and is not bound to accept any quote if rejection of that quote is determined to be contrary to the best interest of the City.		
Company Name:		
Company Address:		
City	State	Zip Code
Telephone Number:	Fax Number:	E-Mail Address:
RESPONSES MUST BE DELIVERED/EMAILED TO THE PURCHASING OFFICE BY THE DATE INDICATED.		
Person submitting QUOTE: (Please Print)		Date
Title		
*Signature of the person submitting QUOTE:		
<small>*This person has binding authority to sign contracts on behalf of the responding company. By signing this form and all attachments, vendor agrees that their quote is an offer to sell. All Quoteders shall comply with all City of Stockbridge purchasing laws, policies, and procedures, as well as relevant state and federal laws— including compliance with EEOC hiring guidelines and requirements under the Americans with Disabilities Act.</small>		

NO QUOTE: ☐

REASON: _____

**REQUEST FOR E-QUOTE SPECIFICATIONS
CITY NEWSLETTERS FOR THE CITY OF STOCKBRIDGE
FINANCE DEPARTMENT – ADMINISTRATIVE DIVISION**

1. DESCRIPTION

The City of Stockbridge Finance Department - Purchasing Division is soliciting quotes from all qualified Contractors to provide all necessary tools, accessories, material, equipment and services to provide the City of Stockbridge Department of Administration Division with a quarterly City Newsletter.

2. CONTACT PERSON

Please contact Donald R. Riley, CPPB, Purchasing Specialist, by e-mail at DRiley@cityofstockbridge-ga.gov or fax me at (770) 389-7912 only, with any procedural or technical questions. All questions should be submitted in writing to the Purchasing contact person via email only. No phone calls will be accepted. Any responses made by the City will be provided in writing to all Quoters by addendum. No verbal responses shall be authoritative.

PRE-QUOTE CONFERENCE (NON - APPLICABLE)

INTERVIEWS ON-SITE: 4640 N. HENRY BOULEVARD
PATRICK HENRY CONFERENCE ROOM
STOCKBRIDGE, GEORGIA 30281

3. TERM OF AGREEMENT

This procurement is from issuance of notice to proceed until 12/31/2018.

4. PRODUCT/SERVICE SPECIFICATIONS

The City of Stockbridge Finance Department – Purchasing Division is soliciting quotes from all qualified Contractors to provide all necessary tools accessories, material, equipment and services to provide City Newsletters to the City of Stockbridge Administrative Department.

The awarded Contractor must assume full responsibility for the coordination, layout, design, printing and distribution of 8,000 quarterly City Newslink Newsletters and all related materials under this quote document on a quarterly basis. The successful Contractor shall be held responsible for production of each newsletter layout, design and art work as well as for printing and distribution and related materials are compatible.

The City of Stockbridge seeks quotes for performing the layout and design, printing and distribution of 8,000 quarterly City Newslink newsletter (example attached).

Each issue will be eight (8) to twelve (12) pages, 4/4 90 lbs Matte index with 70lbs inside. Interested parties should plan to submit an example of their layout and design (graphics) work; examples of similar newsletters they produced; and an affirmation of their mailing and distribution process with explanation of newsletter preparation (i.e., wafer seal; Postage rates). The City prefers a Contractor that can sell ads that promote City of Stockbridge businesses and then pass along a cost savings to the City for printing based on ad sales. Contractor will supply the City with at least two (2) references for like work.

The City agrees to provide content to the Contractor by the last day of the month preceding distribution dates to residents (June 15; September 15; December 15; March 15). The City will be afforded no less than three rounds of edits to ensure accuracy and agrees to a rapid turn-around when provided copy to proof. The Contractor agrees to meet the City's requested distribution dates.

5. PRICING SHEETS

The quoted price is for weekly services, for two (2), eight (8) cubic yard dumpster.

LINE #	DESCRIPTION	QUANTITY	PRICING FOR 8 PAGES	PRICING FOR 12 PAGES
1	Layout	3	\$ _____	\$ _____
2	Design	3	\$ _____	\$ _____
3	Printing	8000	\$ _____	\$ _____
4	Distribution	8000	\$ _____	\$ _____
5	Postage Rates	1	\$ _____	\$ _____
6	Cost per edit (after 1 st 3)	1	\$ _____	\$ _____
7	Cost per AD (Customer)	Full Page AD	\$ _____	\$ _____
8	Cost per AD (Customer)	½ Page Ad (vertical)	\$ _____	\$ _____
9	Cost per AD (Customer)	½ Page Ad (horizontal)	\$ _____	\$ _____
10	Cost per AD (Customer)	3/8 Page Ad	\$ _____	\$ _____
11	Cost per AD (Customer)	¼ Page Ad (H or V)	\$ _____	\$ _____
12	Cost per AD (Customer)	1/8 Page (H or V)	\$ _____	\$ _____
13	Cost per AD (Customer)	The Strip Ad	\$ _____	\$ _____
14	Cost per AD (Customer)	Small AD (Horizontal)	\$ _____	\$ _____
15	TOTAL COST (1 – 14)		\$ _____	\$ _____
Total Cost for Line Items (15) ADD BOTH 8 & 12 PAGE TOGETHER			\$ _____	

*** LEGEND = H = HORIZONTAL; V = VERTICAL

6. INSURANCE & RISK MANAGEMENT PROVISIONS

INSURANCE & RISK MANAGEMENT PROVISIONS

- 6.1.1. **INSURANCE REQUIREMENTS:** Insurance must be written by a licensed agent in a company licensed to write insurance in the State of Georgia and acceptable to the City of Stockbridge. Insurance coverage must be current from time of award through the period of final acceptance from City of Stockbridge. The following requirements shall apply.
- 6.1.2. Policies and/or certificates certifying policies are to contain an agreement that the policies will not be changed and/or canceled without a ten (10) day prior notice to City of Stockbridge, as evidenced by return receipts of registered or certified letters.
- 6.1.3. Each respondent shall submit with the quote, evidence of insurability satisfactory to the City as to form and content. Either of the following forms of evidence are acceptable:
- 6.1.4. A letter from an insurance company stating that upon your firm/company being the successful Quoteder/respondent that a Certificate of Insurance shall be issued in compliance with the Insurance Requirements outlined below.
- 6.1.5. A Certificate of Insurance complying with the Insurance Requirements outlined below.
- 6.1.6. Upon award, the Contractor must maintain, at their expense, insurance in at least the following amounts and types outlined below. Any and all Insurance and Bonds required by this contract shall be maintained during the entire length of the contract, including any extensions or renewals thereto, and until all work has been completed to the satisfaction of the City.
- 6.1.7. The Contractor shall insure that the Request for Quote/Proposal number and Project Description appear on the Certificate of Insurance.
- 6.1.8. The Certificate of Insurance shall identify the Certificate Holder as:

City of Stockbridge – Finance Department
Attn: Purchasing Specialist
4640 North Henry Boulevard
Stockbridge, GA 30281

6.2. WORKERS COMPENSATION – STATUTORY (In compliance with the Georgia Workers Compensation Act)

EMPLOYER'S LIABILITY	BY ACCIDENT - EACH ACCIDENT	-	\$500,000.
INSURANCE	BY DISEASE - POLICY LIMIT	-	\$500,000
(Aggregate)	BY DISEASE - EACH EMPLOYEE	-	\$500,000

6.3. COMMERCIAL GENERAL LIABILITY INSURANCE (Including contractual Liability Insurance)

Bodily Injury and Property Damage Liability	Each Occurrence	-	\$1,000,000
(Other than Products/Completed Operations)	General Aggregate	-	\$2,000,000
Products\Completed Operation	Aggregate Limit	-	\$1,000,000
Personal and Advertising Injury	Limits	-	\$1,000,000
Fire Damage	Limits	-	\$ 100,000

6.4. BUSINESS AUTOMOBILE LIABILITY INSURANCE

Combined Single Limits	Each Occurrence	-	\$1,000,000
(Including operation of non-owned, owned, and hired automobiles).			

6.5. **UMBRELLA LIABILITY**

(In excess of above noted coverage's) Each Occurrence - \$2,000,000

6.6. **FIDELITY BOND**

(Employee Dishonesty) Each Occurrence - \$ 100,000

Insurance in no way Limits the Liability of the Respondent.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The successful contractor will agree to indemnify, save harmless and defend the City, its agents, servants, and employees from all lawsuits, claims, demands, liabilities, losses and expenses for or on account of any injury or loss in connection with the work performed under this contractor: Provided, however the contractor shall not be liable for any damages resulting from the sole negligent or intentional acts or omission of the City and its employees, agents or representatives.

THE RESPONDENT ACKNOWLEDGES HAVING READ, UNDERSTANDING, AND AGREES TO COMPLY WITH THE ABOVE STATEMENTS, AND IS AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF THE RESPONDING COMPANY.

COMPANY:_____ **SIGNATURE:**_____

NAME:_____ **TITLE:**_____ **DATE:**_____

7. STATE OF GEORGIA

CITY OF STOCKBRIDGE

GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Stockbridge and has registered with, is authorized to use, and uses, the federal work authorization program commonly known as EVerify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-91. Furthermore, the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, __, 2018 in Stockbridge, Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY of _____,
2018.

My Commission Expires: _____
NOTARY PUBLIC

8. REFERENCE AND RELEASE FORM

List at least two (2) references for the Prime Contractor and each proposed subcontractor using a separate Reference and Release Form for each. Provide the information requested in the form below for the contact person who will verify the Contractor's experience and ability to perform the type of services listed in the quote.

CONTRACTOR NAME: _____
ADDRESS: _____
PROJECT TITLE & PROJECT NUMBER: _____
PHONE: _____ EMAIL: _____
CONTACT PERSON: _____
WORK TO BE PERFORMED: _____
DOLLAR VALUE OF WORK: \$ _____ PERCENTAGE OF WORK: _____ %

CONTRACTOR NAME: _____
ADDRESS: _____
PROJECT TITLE & PROJECT NUMBER: _____
PHONE: _____ EMAIL: _____
CONTACT PERSON: _____
WORK TO BE PERFORMED: _____
DOLLAR VALUE OF WORK: \$ _____ PERCENTAGE OF WORK: _____ %

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PHONE: _____ EMAIL: _____
CONTACT PERSON: _____
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DOLLAR VALUE OF WORK: \$ _____ PERCENTAGE OF WORK: _____ %

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PROJECT TITLE & PROJECT NUMBER: _____
PHONE: _____ EMAIL: _____
CONTACT PERSON: _____
WORK TO BE PERFORMED: _____
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PROJECT TITLE & PROJECT NUMBER: _____
PHONE: _____ EMAIL: _____
CONTACT PERSON: _____
WORK TO BE PERFORMED: _____
DOLLAR VALUE OF WORK: \$ _____ PERCENTAGE OF WORK: _____ %